



CRS Parent Connection

Alabama Department of Rehabilitation Services

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Winter 2007

From the Director's Chair

Hello, CRS Parents,

What an exciting time to be a part of CRS! There are a lot of changes to share with you, but first I'd like to tell you a little about me and my history with ADRS.

I first learned about ADRS/CRS as a student in the Communicative Disorders

audiology in the fall of 1980, I married Terry Davis, my husband of 26 years, and moved to Montgomery. Terry and I have two children, Evan Christina, who is 23, and Terry Gavin, who is 20.

Though my coursework was finished, I still had to complete an internship. My graduate school advisor arranged for my audiology internship to be done at CRS and the Auburn University Montgomery (AUM) Speech and Hearing Clinic. During this time, I gained a considerable amount of pediatric experience and an extensive knowledge of children with special health care needs. I quickly realized that my "dream job" after graduation would be a permanent position as a CRS audiologist. Because there wasn't an opening, though, I began my career as an

audiologist with the ear, nose, and throat (ENT) group that continues to staff the Montgomery Hearing Clinic today. Later, I worked for another local ENT and the AUM Speech and Hearing Clinic. During that time, I remained connected to CRS as a vendor and contract audiologist. I saw CRS clients at AUM and assisted in covering



Hearing Clinics for CRS in Montgomery, Selma, Opelika and Dothan.

Finally, in the summer of 1988, my dream job became available and was offered to me! At that time, my daughter was 5 years old and my son was almost 3. Because of a heavy travel schedule at CRS, I remained for only a short while, taking a position in the Montgomery Public Schools as a speech pathologist and audiologist in late 1989 to take advantage of the shorter workdays and summer vacation time. I loved working for CRS and cried all day on my final day; however, family was a priority.

While working in the school system for the next four years, I developed a partnership with Montgomery CRS to use the audiology suite for retesting school children who failed the hearing screening. I worked for AUM again from 1995 until my return to CRS as district supervisor for the Montgomery/Opelika district in October 1998. This time, my daughter was almost old enough to drive and I knew that I would

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Melinda Davis (left) talks with David Savage, State Supervisor for Professional Services

Program at the University of Alabama from 1973 to 1977. I was fortunate to have the opportunity to observe Cleft Palate Clinic at The Children's Hospital of Alabama (TCH) in Birmingham as well as Hearing Clinic in the Tuscaloosa CRS office. Following the completion of coursework for a master's degree in

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CRS Parent Connection

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Parent Connection is a complimentary newsletter published by Children's Rehabilitation Service for families of children with special health care needs. The goal of this newsletter is to increase communication and share information about children with special health care needs and their families. The newsletter reflects a family-centered theme throughout and serves as a forum for family members to share information, thoughts, feelings, concerns, etc. Nothing printed or implied in this publication constitutes an endorsement by the Alabama Department of Rehabilitation Services.

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be able to stay with the agency that had meant so much to me for so many years. I served as district supervisor for the next seven and a half years and moved to the State Office as CRS assistant director last July. I was appointed to the position of assistant commissioner for CRS (CRS director) on Oct. 31 and since that time have been quite busy in my new role.

But enough about me ...

Recently, I gave a CRS update to all CRS staff and the Alabama Board of Rehabilitation Services and would like to share that same information with you.

One of our major goals is to increase the number of medical specialty and/or evaluation clinics held in each district. The following are new clinics or clinics that have been expanded to additional locations:

- Selma CRS – Seating Clinic
- Homewood CRS – Eye Clinic
- Homewood CRS – Cullman Feeding Clinic
- Mobile CRS – Pediatric Evaluation Clinic*
- Montgomery CRS – Eye Clinic
- Montgomery CRS – Teen Transition Clinic
- Opelika CRS – Neuromotor Clinic
- Dothan CRS – Seating Clinic
- Anniston CRS – Hearing Clinic
- Anniston CRS – Hearing Assessment Clinic
- Tuscaloosa CRS – Seating Clinic

Most offices have held a new clinic at least once and some have held more. I would like to commend every district, every office and all of our staff for these efforts!!

(*The Pediatric Assessment Clinic, to be piloted in Mobile beginning in 2007, is a completely new clinic to CRS that will be staffed by a developmental pediatrician [Dr. Franklin Trimm]. This clinic was recently approved by

Medicaid and will fill a gap by providing evaluations and recommendations for children who have multiple and complex medical needs. We are very proud of the Mobile staff for their collaborative efforts with Dr. Trimm in making this clinic a reality. We will keep you updated regarding the progress.)

Many offices have held outreach clinics in local schools. As noted above, Homewood has started a feeding clinic in Cullman and continues to provide social work support in the Partnership Neuromotor Clinic (rehab follow-up). Anniston has done an outreach ACT (augmentative communication technology) Clinic in Gadsden, and Montgomery has taken the ACT Clinic to schools as well as into homes. Many of the Seating Clinic teams hold clinics in schools and homes.

The TCH Partnership Spina Bifida Clinic is staffed by a CRS social worker and has gotten off to a good start. The Neurology Clinic continues as a CRS clinic, however, discussion is ongoing regarding transition to a partnership clinic. The CRS CF (cystic fibrosis) Clinic is gradually expanding and the CRS Hemophilia Clinic is also going well.

As we start additional clinics, develop new clinics and continue to support partnership clinics, we expect that our numbers will increase as we have stated in our SMART Budget goals. Our first meeting was recently held with the department's communications office to discuss public awareness materials. We have heard a loud call for materials from all of the offices and realize that they are needed to assist in efforts to make CRS better known in our communities.

The addition of the \$50 co-pay has brought many families back to CRS. We were pleased to report this to the ADRS Board and the legislators who

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Sarah Jordan Godbee Receives Award

Sarah Jordan Godbee of Piedmont received the 2006 Children's Rehabilitation Service Achievement Award from the Alabama Rehabilitation Association (ARA) at the 50th Annual ARA meeting in September. Read on to see why this remarkable young lady received this award:

Fall was in the air, football season was in full swing and it was Thanksgiving holiday break from school. The excitement of spending time with family and friends was just what Jordan Godbee had been looking forward to. Jordan and her sister had just finished their shift at Sonic and were heading to one of their friend's house to let the good times begin. However, in a split second things went from fun to tragedy.

On November 26, 2002, Jordan sustained a traumatic head injury from a motor vehicle accident. At that very moment in time, life for this family was forever changed. Jordan was rushed to Birmingham and spent the next two months in UAB and Children's Hospital undergoing several surgeries and intense therapy. After being discharged from Children's Hospital on January 21, 2003, the hard work began. Jordan

received outpatient physical, occupational and speech therapy three days a week for ten months. In March, she began homebound services from the school system and completed her junior year of high school in the home. That fall, Jordan returned to Pleasant Valley High School and graduated with her classmates, receiving a standard diploma.

Over the past several years, Jordan has attended Children's Rehabilitation Service's Eye, Orthopedic and Teen Transition clinics. Jordan is an active client with Vocational Rehabilitation Service and recently completed an adaptive driving evaluation with Lakeshore Rehabilitation. Jordan has successfully completed two semesters at Gadsden State Community College and has an overall grade point average of 3.8. She is involved with the local chapter of the Alabama Head Injury Foundation and has attended "Small Places" through this as well.



Jordan (center) is congratulated by Charles Abney, president of the Alabama Rehabilitation Association, left, and Emma Hereford, Gadsden CRS, right.

With the tremendous support of her family, Jordan continues to steadily improve physically, mentally and emotionally. Drive, determination, persistence and perseverance describe what Jordan is all about. She plans to be successful in life and she will.

Congratulations, Jordan.

Emma Hereford, Office Coordinator
Gadsden CRS

Gadsden CRS Team Award



Gadsden CRS was awarded the Children's Rehabilitation Service Team Award 2006 by the Alabama Rehabilitation Association (ARA) at the 50th Annual ARA meeting held in September 2006 at the Auburn Conference Center in Auburn. Pictured at the left is Charles Abney, association president, presenting the award to Emma Hereford, Gadsden CRS office coordinator.



“Healthy gums and teeth are essential to a child’s well-being.”

The National Agenda for Children with Special Health Care Needs (CSHCN) calls for the development of systems of care that are family centered, community based, coordinated and culturally competent. This agenda addresses a long-term national goal presented in *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*, which is to “increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.”

The Maternal and Child Health Bureau (MCHB) has identified six critical indicators of progress that make up a comprehensive system of care: 1) a medical home, 2) insurance coverage, 3) screening, 4) organization of services, 5) family involvement and 6) transition to adulthood.

Although the national agenda does not specifically address the oral health of children with special health care needs, it is widely recognized that healthy gums and teeth are essential to a child’s well-being. Furthermore, many children, particularly children with special health care needs, face significant barriers to good oral health. With these six indicators in mind, let’s

Promoting Healthy Smiles

look at some ways to promote the oral health of children with special health care needs.

Medical home

The medical home is a source of ongoing health care in the community, where health professionals and families work as partners to meet children’s needs. The medical home helps identify special health care needs; provides ongoing primary care; and coordinates with a broad range of other specialty, ancillary and related services. The medical home can promote children’s and adolescents’ oral health by providing periodic oral screenings, hygiene instruction, anticipatory guidance and referrals to oral health professionals. Additionally:

- Medical homes should follow up on oral health referrals, as they do on specialty referrals, to ensure that children with special health care needs receive necessary oral health care.

- Primary care health professionals should be compensated fairly for the time and effort needed to effectively promote oral health in the medical home.

- Primary care health professionals should make referrals to dental professionals and should consult with them on health histories and clinical management.

- State and local oral health, and MCH/CSHCN programs should work collaboratively to support the adoption of oral health promotion activities in the medical home.

- Primary care health professionals should encourage dentists to provide care for children with special health care needs.

Insurance coverage

Families must be able to pay for the range of services that their child requires. Families who are under-insured or lack insurance must be addressed. Here are six ways to increase the dental insurance coverage for children with special health care needs:

- Sources of payment should be identified to help families who, because they lack dental insurance or because of the high cost of dental procedures, cannot meet the cost of necessary treatment.



Primary care health professionals should receive formal training in the promotion of oral health in the medical home.

- State and local oral health programs and MCH/CSHCN programs should work collaboratively to promote sources

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of free or low-cost care, such as special clinics, for families who lack dental insurance and financial resources.

■ Insurance reimbursement should be increased to adequately compensate dentists for providing care for children with complex medical conditions or behavioral issues.

■ Medicaid and the State Children's Health Insurance Program should support special clinics or supplemental reimbursement programs to increase access to care for children with special health care needs.

■ Dental insurance exclusions should be eliminated and annual maximums increased for children with special health care needs, who may require complex and costly dental treatment.

■ Insurance should cover the cost of operating room charges for children with special health care needs whose oral health needs cannot be met on an outpatient basis.

Screening

Infants and children with health conditions that place them at high risk for oral health problems must be identified early so that they receive the care needed to prevent oral disease and promote optimal development. There are a number of ways to increase screenings for oral disease and developmental problems:

■ Advocates for children with special health care needs covered by Medicaid should be familiar with their state's latest Early and Periodic Screening, Diagnostic and Treatment periodicity schedule relating to oral health services.

■ Programs that serve children with special health care needs should include oral health screenings as part of general health or life-quality assessments.

■ State and local oral health programs and MCH/CSHCN programs should provide technical assistance to other



Screening protocols that are part of early intervention programs for children with special health care needs should include inspection of the mouth.

programs that wish to incorporate oral health screening activities.

■ Health professionals should routinely screen children with special health care needs for oral disease and developmental problems and should provide parents with anticipatory guidance on how to inspect and take care of their child's mouth.

Organization of services

For services to be of value to children with special health care needs and their families, the health care system should be organized to identify oral health needs and should provide services in accessible, family-centered and culturally appropriate context. Oral health can be included in "systems of care" in these ways:

■ Primary care health professionals should promote "seamless" systems of health care by ensuring that children and adolescents with oral health problems are referred to oral health professionals.

■ Families should receive help navigating complex medical and oral health care systems through the use of care-coordination or patient navigation

services, family support programs and advocacy programs.

■ If appropriate oral health services for children with special health care needs are not available in the local community, health professionals, including oral health professionals, should recommend other sources of care, such as hospitals or specialized clinics outside the community.

■ State and local oral health programs and MCH/CSHCN programs should be familiar with local and regional oral health resources and should advocate for adding necessary resources to deficient oral health care networks.

Family roles

Families are pivotal in making any system of care work for children with special health care needs. Family members, representing the diversity of the community, must play meaningful roles in the development of systems at all levels of policy, programs and practice. The role of families in the oral



Parents should be taught to take care of their child's mouth at home and to understand how to obtain appropriate oral health services.

health of their children can be promoted in these three ways:

■ Health professionals, health departments and parent support organizations should take an active role

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in empowering parents to act on behalf of their child.

■ State and local oral health programs and MCH/CSHCN programs should collaborate to undertake surveys to assess oral health status and treatment needs and should seek input from families.

■ State and local advisory bodies and planning groups that address issues related to children with special health care needs should involve families interested in improving the oral health care system.

Transition to adulthood

When adolescents with special health care needs become adults, they must be able to expect good health care, employment with benefits and, to the extent possible, independence. Appropriate adult health care options must be available in the community and must be provided within developmentally appropriate settings. Adolescents must be prepared to take charge of their own health care to the degree that they are able. As adolescents

with special health care needs transition to adulthood, their oral health can be promoted in the following ways:

■ Caregivers should assume daily responsibility for maintaining the oral health of adolescents who are unable to do so for themselves.

■ Caregivers and agencies responsible for the care of adolescents with special health care needs who are living out of the home should perform periodic oral assessments and arrange for necessary oral care.

■ State and local oral health programs and MCH/CSHCN programs should provide technical assistance to caregivers and agencies that promote the general welfare of adolescents living outside the home.

■ Adolescents with special health care needs often lack employment-related dental insurance and may lack Medicaid dental benefits as adults; for these adolescents, alternative sources of dental insurance and reduced-fee options should be identified.

Adapted, with permission, from the Association of State and Territorial Dental



Adolescents transitioning from the home to more independent living arrangements should be taught to select oral health care products, to perform oral self-care (e.g., regular tooth brushing) and to eat foods that promote optimal oral health.

Directors and National Maternal and Child Oral Health Resource Center, Georgetown University. 2006. Promoting the Oral Health of Children with Special Health Care Needs—In Support of the National Agenda. Washington, DC: National Maternal and Child Oral Health Resource Center.

For further information visit:
<http://www.mchoralhealth.org>

Having a Beary Christmas All Year

In October 2005, I thought how fun it would be to fill my office with stuffed bears to the point of not having room to get in it. I mentioned this to a couple of people in the CRS office, Julie Kilpatrick and Joy Moore. In a few weeks I had several large trash bags filled with stuffed toys. The idea was becoming a reality.

In November my sons gathered more toys. I designed a poster, sending it to everyone in my email address book, and passing them out at workshops and other locations. During Thanksgiving week, the local public radio station announced it numerous times. By December I had more than 200 stuffed bears and toys piled in my office. The staff got involved by buying stuffed animals and toys at yard sales or stores and cleaning out their own closets. Children and teenagers donated their treasured collections for what was now called “Beary Christmas.”

Every child who came through our doors at the Huntsville CRS received a stuffed toy for Christmas that year. Beary Christmas has become Beary Valentine, Beary Spring, Beary Easter or just Beary Day as we continue the fun of sharing the treasure of a smile with all who come to our office all year long.



Rita and Phyllis Barrett, Huntsville VRS, look over the bear collection.

Rita F. Cobbs, Parent Consultant
Huntsville CRS

First Information Explosion Held at Huntsville CRS

Much planning and preparation by the Huntsville CRS and VRS staff went into the first Information Explosion that was held at the Huntsville CRS office on September 28, 2006. The event focused on transition, education and employment for individuals ages 14 to adult. Students and educators from many of the area schools, as well as parents and other community members, attended this first of several similar events that will be held around Alabama during the coming year.

Forty-two exhibitors from local colleges, employers and support services provided much needed information. The day included speakers and a youth panel, discussing how they have made a success of their situations, and the importance of perseverance and advocacy. Students were encouraged by these individuals who have succeeded in education and employment despite having a disability.



Ann Robertson, Huntsville CRS, talks with one of the near 400 attendees.

Rita Cobbs, Parent Consultant, Huntsville CRS



Students from many Huntsville area schools attended.

CRS and EI Families Enjoy Montgomery Fall Festival

On Wednesday, October 25, 2006, the District IV Early Intervention Council along with Children's Rehabilitation Service's Local Parent Advisory Committee (LPAC) met in the cafeteria at Central Alabama Easter Seals in Montgomery for our Annual Fall Festival. We had a wonderful turnout of families who had a great time visiting each of the 12 booths which were staffed by CRS, EI, and local area community resource programs, where they played games and received toys and candy! The children were in awe of the Montgomery Sheriff's Department's mascot, Deputy Dave, as he sang and danced as part of our entertainment. The children even took pictures with him! A delicious hamburger and hotdog dinner was cooked by Baron Ows of Vocational Rehabilitation and Jadrekus Davis of Children's Rehabilitation Service. Many thanks to everyone who helped us this year!



Monica Jackson
Parent Consultant
Montgomery CRS

Jane Laseter, Montgomery CRS, watches as children enjoy one of the many games.



Families arrive ready for a day of fun.

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worked so tirelessly to assist us in getting additional funding for FY 2007.

The Huntsville Office is to be commended for hosting the first Information Explosion, a transition expo for youth with disabilities. This event was an overwhelming success with a day packed with speakers, information sharing and networking. It was held in the new Huntsville CRS facility with more than 300 students, teachers and vendors in attendance. I would like to congratulate the staff of the Huntsville CRS office for their hard work and efforts in making the first Transition Explosion a great success! Thanks also to the Huntsville Vocational Rehabilitation Service (VRS) office staff for their assistance.

Homewood and Birmingham TCH offices, along with the Lakeshore Foundation, are planning a Transition Information Explosion for Sept. 27, 2007. The Opelika CRS office is planning to host a transition expo in the spring. Each CRS office has been asked to host an expo every other year so that one is held in each district every year.

Since August, two new district supervisors have been selected: Wanda Williams in the Montgomery/Opelika district and Bonita Torrence in Birmingham TCH. The CRS State Office has a new speech/language pathology program specialist, Donna Locke.

Commissioner Shivers has placed a lot of responsibility into the hands of the

leadership, staff and parent consultants of CRS. He has expressed his confidence in our ability to build partnerships in our communities and to continue to strengthen partnerships within ADRS in working collaboratively with Early Intervention, VRS, State of Alabama Independent Living (SAIL) Service, Computer Services and Shared Services. I look forward to all of us continuing to work together as a team with our families, all the while staying focused on the reason we are here: *to serve children and with special health care needs and their families.*

Melinda Davis,
CRS Assistant Commissioner

MEGAN ANICE MILLER

by Payton Leigh Strickland



God sent you to us on a angel's wing.
Simply by living, you illuminated everything.
Your mouth never spoke, but you spoke with your heart.
We knew you were a special little girl from the start.

No one was sure how much you could see.
You saw with your soul, and that was obvious to me.
Your strength inspired everyone you met.
You changed hundreds of lives, I bet!

Because of you, the sun shined every day.
You made us better people in your amazing way.
With you around, we couldn't help but smile.
I thank God he shared you with us for a while.

You're dancing with the angels now.
We miss you terrible, but we'll make it through somehow.
The only thing that gives this pain worth, is knowing that you're
doing everything in Heaven that you couldn't here on earth.
You were made of magic, this you should know.
You changed the world at only ten-years-old.

Megan had charge syndrome. She couldn't walk or talk, and had a trach and a feeding tube. She was loved dearly by many people, including the Mobile CRS staff. This poem, written by Payton Strickland, daughter of Penny Strickland, Mobile CRS Parent Consultant, was used as her dedication in the school yearbook. Because the students at Semmes Elementary School wanted to refurbish and make the special education playground truly adaptive to the needs of their special friends in memory of their friend Megan, a fund was established in Megan's honor. Due to such a generous response, the school is currently building a fully accessible playground called Meg's Place. So, just as Payton said, Megan has changed hundreds of lives.

My Brother

By Bethany Hornsby

My brother is very special.
If you look, it's clear to see,
But keep in mind, he is a person
Just like you and me.

Sometimes people look and stare,
Strangers I do not know.
I used to let it anger me,
But I've learned to let it go.

Like you, he has thoughts and
feelings.
Like you, he has eyes and ears.
There are times he gets so frustrated
And sheds many, many tears.

His condition is not an accident,
His condition is not a curse.
I can either make the best of it,
Or I can make the worst.

He is confined to his wheelchair;
There he will stay for the rest of his
life.

It breaks my heart to think
He will never have children or love a
wife.

I see him sitting all alone,

And in my eye forms a tear
Just wish I had the power to make his
condition
Go away and disappear.

When there is a conversation,
He listens closely to every word.
I know it greatly frustrates him
To know his opinion won't be heard.

His speech is not easily understood,
His words are slow and slurred.
Most people do not pay attention
To his words that go unheard.

You might not understand at first,
His words that you may hear,
But if you really listen,
His speech becomes quite clear.

You might not think so by looking,
But he is actually very smart.
His mind is quite amazing
And truly a work of art.

He knows his states and their capitals,
And the places in which they go.
So if you think you're really smart,

Ask yourself how many of these do I
know?

He also knows all his presidents
In order and by name.
To us, it's a difficult test to study for,
But to him it's just a memory game.

He is as innocent as a baby,
Completely clean and without sin.
I am so comforted to know
Everything will turn out okay at the
very end.

I just can't wait for that wonderful
day
That Jesus, him and me
Will walk side by side and talk
together
For all eternity.....

So when you see one like my brother,
Remember my words and do not
stare,
Instead just give them a friendly
smile,
And let them know you care.



Bethany Hornsby is 18 years old and a senior at Ashford High School in Ashford. She is the president of the Student Government Association and plays varsity basketball and softball. She plans to pursue a career in physical therapy. Beth wrote this poem for her brother, Jared.

Jared is 16 years old and has cerebral palsy. He is a junior at Ashford High School and a member of the "Victory Class."

Bethany and Jared attend First Baptist Church in Ashford. Pictured at the left are Bethany and Jared enjoying a fishing trip together.

ADRS 2006 Staff Training Conference

ADRS staff met in Birmingham December 4-6, 2006, for the department's annual Staff Training Conference. One of the highlights was hearing from people who are served by the many divisions of ADRS.



Latetia Smiley, CRS parent relates how CRS has had such a positive influence for her child and her family.



Penny Foster, EI parent tells the staff about the help and encouragement she and her family have received from Early Intervention.

Funderful Times

When my son, Joel, began driving, his brothers, Garrett and Ethan, were nervous about riding with him. Living a distance from major cities around our home, they would have to drive on the interstate much of the time. They came up with a fun game that involved FedEx trucks. So with this game, I thought of other ideas you might be able to use while riding in the car with your family.

The game my sons designed is called *FedEx, See the Arrow*. The rules go like this: When you see a FedEx truck, the first person to say *FedEx, See the Arrow* gets one point. The points are collected and when you reach the destination, the person with the most points wins. With our family, this game has gotten comical



when my husband or I drive alone and s h o u t *FedEx, See the Arrow* and there is nobody in the car with us. At an airport I saw two FedEx airplanes. My sons have seen delivery people shopping at the grocery store wearing the logo on their shirts. Then there are the drop boxes in shopping centers that we find

occasionally. For those types of situations, we give two points for each find. Do you know why it is called *FedEx, See the Arrow*?

Another game is *Punch Buggy*. With this car game, the focus is finding Volkswagen Beetles. When you spot one, you say *Punch Buggy* and gently punch the person nearest you on the upper arm. Tapping on the shoulder might be a better way to acknowledge this than a punch. I get to do this every morning, again alone in my car, since a coworker drives one to work.

If your family is like ours, we spend more time in our automobile than at home. Here are some things to keep in your car to entertain or to have in case of an emergency. First, get a case of 12 ten-ounce bottles of water to leave in your car. This will help save money instead of buying soft drinks or going through the drive-through at a restaurant. The bottles stay cold while in your car this time of year too. Second, get a cloth bag and put coloring books, crayons, playing cards, a CD player, CDs of family friendly music and many books to add minutes of creative play and enjoyment. Pack small sandwich

bags with cheerios, snack crackers, raisins and other simple snacks to tide over the f a m i l y until you can arrive h o m e after ball g a m e s , visits to the park or appointments.



It is important to remember safety when riding in a car. Wearing seatbelts correctly and riding in a car seat, if applicable, is the law in the state of Alabama. Wearing those saves money, time and lives. Also, pack baby wipes, two to three hand towels, hand sanitizer and empty plastic shopping bags to help with fast cleanups.

Riding in the car will be fun and relaxing if you prepare. Your family may have specific things they enjoy that you can add to your travel bag, so add them. Make this a funderful time of being together, enjoying the colors of winter as your ride in the car.

Rita F. Cobbs, Parent Consultant,
CRS Huntsville



Let's YAC About It

Stay Well

As youth transition to young adults, they begin assuming more responsibility for their own health care. This includes maintaining a healthy lifestyle. These are some tips for staying well:

- Learn about your condition or disability.
- Learn how to do your own care and treatments.
- Learn about the medications that you are taking.
- Develop a one-page medical summary for emergencies and new medical encounters.
- Know the warning signs that mean you need emergency help.
- Know how tobacco, alcohol, drugs and smoking affect your health condition.
- Know how your condition affects your sexuality.
- Maintain physical fitness, eat a proper diet, maintain a good weight and obtain a proper amount of sleep.
- Have someone to talk with about mental health issues – like when you feel sad or angry.
- Learn how to prevent the development of secondary disabilities such as skin problems, muscle tightness or bone thinning.

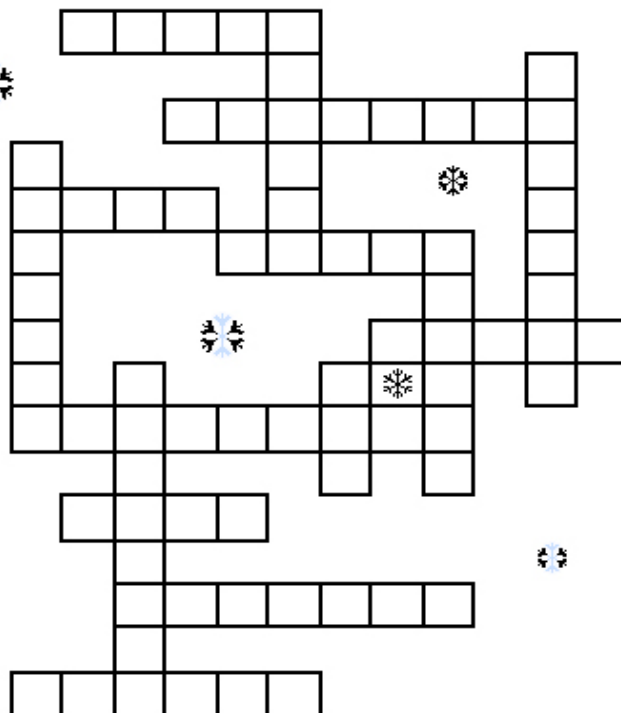


Winter Crossword

3

Find the spot where each word fits. Use each word only once.

HAT
COAT
COLD
SLUSH
SCARF
BOOTS
HOCKEY
SHOVEL
WINTER
ICICLES
GLACIER
TOBOGGAN
SLIPPERY
SNOWBALL
SNOWFLAKE





CRS Parent Connection

Children's Rehabilitation Service
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What's Ahead

- | | |
|---------------------|--|
| January 17-18, 2007 | Safe and Sound II: Fostering Resiliency after the Storm; Mobile Convention Center; Mobile, AL; for more information see www.SouthCentralPartnership.org |
| January 27, 2007 | CRS-LPAC Meeting; "Just4Girls" (dealing with needs of teenage girls with an emphasis on disabilities); CRS Homewood Office, 10:00 a.m.; contact Tammy Moore, 1-888-430-7423 |
| February 22, 2007 | CRS-LPAC Meeting; "Full Life Ahead;" CRS Homewood Office; 10:00 a.m.; Contact Tammy Moore, 1-888-430-7423 |
| May 23-26, 2007 | Family Voices National Conference; Washington, D.C.; for more information, visit www.familyvoices.org |
| July 16-18, 2007 | National APSE Conference; Hyatt Regency Crown Center; Kansas City, MO; for more information, visit www.apse.org |

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